



## TRICARE Management Activity Data Sharing Agreement – Change of Government Sponsor

The purpose of this template is to notify the TMA Privacy and Civil Liberties Office (“Privacy Office”) when there is a change in the name of the Government Sponsor in a signed Data Sharing Agreement (“DSA”). **This template cannot be used to make any other changes to the DSA or its incorporated Data Sharing Agreement Application (“DSAA”).** This template must be submitted to the Privacy Office within 15 days of any such change. Failure to provide the Privacy Office with this information may result in termination of access to the Military Health Systems (“MHS”) data. Questions regarding completion of this template can be directed to the Privacy Office at [DSA.mail@tma.osd.mil](mailto:DSA.mail@tma.osd.mil).

<b>DSA Number</b>	
<b>Contract / Grant / Cooperative Research and Development Agreement (“CRADA”) / Other Project Number or Tracking Number (as applicable)</b>	
<b>Contract / Grant / CRADA / Other Project Name</b>	
<b>Current Option Year Period of Performance Dates</b>	
<b>Expiration Date of Contract / Grant / CRADA / Other Project</b>	
<b>Present (Outgoing) Government Sponsor</b>	
<b>New Government Sponsor</b>	
<b>Rank / Title of New Government Sponsor</b>	
<b>Company / Organization of New Government Sponsor</b>	
<b>Mailing Address of Government Sponsor (including street, city, state, and zip)</b>	
<b>E-Mail Address of New Government Sponsor</b>	
<b>Phone Number of New Government Sponsor</b>	
<b>Applicant / Recipient</b>	
<b>On what future date do you want this change to become effective?</b>	

[Signature Page Follows]



**Required Acknowledgement of New Government Sponsor:** By signing below, the New Government Sponsor attests that the information above is truthful and accurate. The New Government Sponsor further attests that he/she has read the above-referenced DSA and the incorporated DSAA, agrees to adhere the terms and conditions, and is authorized to sign on behalf of his/her respective organization.

**New Government Sponsor**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Rank/Title

\_\_\_\_\_  
Date

**Present (Outgoing) Government Sponsor,  
if available**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Rank/Title

\_\_\_\_\_  
Date

**Provide a brief justification below if it is not possible to obtain a signature from the Present (Outgoing) Government Sponsor:**

**Internal Use Only**

**DSA #** \_\_\_\_\_

☐ **DSA – Change of Government Sponsor template has been processed**

**Indicate the date on which this Government Sponsor change becomes effective:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
Data Sharing Agreement Officer, TMA Privacy and Civil Liberties Office

**Follow up with New Government Sponsor and the Applicant / Recipient acknowledging this change**